

CITY OF GREEN BAY
SPOUSE HEALTH RISK ASSESSMENT SIGN-OFF FORM

SPOUSES: _____ Check here if you participated this year in a Health Risk Assessment (HRA) at your employer.

Employer Name: _____ Date: _____

If so, the spousal HRA requirement of the screening and review is waived for the City of Green Bay Wellness Incentive Program.

Please Note: If age appropriate, you must still complete the yearly physical requirement and submit the MD Sign-Off Form to the Wellness Nurse by November 15th.

Females

- **Females between the ages of 40-49** need to have an annual pelvic/pap smear and a mammogram every other year.
- **Females age 50 and older** need to have an annual physical including: height/weight, blood pressure, complete skin exam, complete oral cavity exam, palpitation for thyroid nodules, auscultation for carotid bruits, total cholesterol, pelvic/pap smear, mammogram.
- **All pregnant females** are required to be under a physician's care.

Males

- **Males age 50 and older** need to have an annual physical including: height/weight, blood pressure, complete skin exam, complete oral cavity exam, palpitation for thyroid nodules, auscultation for carotid bruits, total cholesterol, rectal exam.

I certify that I completed a Health Risk Assessment at my Employer in _____.
Year

Employee Name (Print): _____

Spouse Name (Print): _____ Date: _____

Spouse Signature: _____

Return signed form to: The Wellness Nurse at City Hall, 100 N Jefferson St., Room 500, Green Bay, WI 54301. Fax: 920-448-3128 Phone: 920-448-3101